

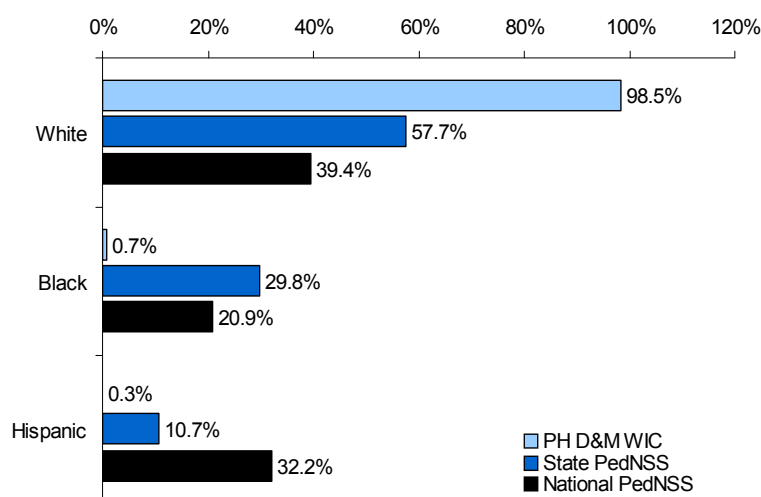
## 2003 WIC Local Agency Pediatric Nutrition Surveillance System (PedNSS) Report

The goal of Michigan WIC is to improve the health outcome of low income nutritionally at-risk women and children by providing supplemental nutritious foods, offering nutrition education/counseling, breastfeeding support, and referral to other health and social services. This report is developed to provide specific local information regarding the health and nutritional status of WIC participants. In order to provide local statistics stratified by age and race/ethnicity, three-year averages were calculated for each health indicator. Consequently, point estimates represent the incidence or prevalence of an indicator between the years 2001 and 2003. Trends were constructed using rolling averages and cover the period between 1998 and 2003.

Delta and Menominee counties had a combined population of 63,846, according to the 2000 U.S. Census. They share a common health department, Public Health Delta & Menominee Counties (PH Delta & Menominee), which provides WIC services in that area. In 2000, 5.6% of persons in Delta and Menominee counties were under the age of five years old. Almost one in five of those infants and children (17.7%) lived below poverty. PH Delta & Menominee WIC agency served 1,755 of all infants and children participating in Michigan WIC in 2003. PedNSS statistics for WIC participants under the age of five years old in PH Delta & Menominee revealed:

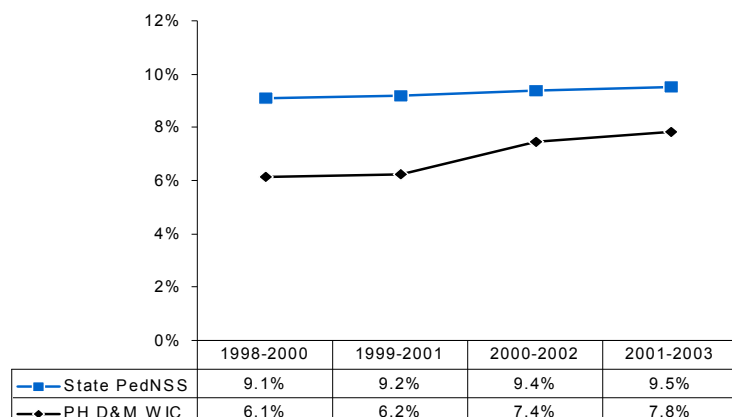
- 7.8% of infants were low birthweight infants and 12.1% were high birthweight infants;
- Less than 5% of children two to five years old (4.3%) were short in stature;
- Less than 5% of all infants and children under the age of five years old were underweight;
- 30.0% of children two to five years old were either overweight or at risk of overweight;
- Less than 5% of all infants and children under five years old had iron deficiency anemia;
- A little less than half of infants in PH Delta & Menominee (45.4%) were ever breastfed.

Figure 1. **Racial/ethnic distribution** among infants and children under five years old, 2001-2003 PedNSS



98.5% of PH Delta & Menominee WIC infants and children under five years old were non-Hispanic White. Consequently, this report will not show statistics for health/nutritional indicators stratified by race/ethnicity.

Figure 2. Local and state trends in **low birthweight\*** among infants in the PH Delta & Menominee WIC, 1998-2003 MI PedNSS



Low birthweight incidences in PH Delta & Menominee increased by approximately 8.7% per year.

\*Low birthweight is defined as having a birthweight less than 2500 grams (5lbs 9 oz) regardless of gestational age.

Figure 3. Local and state trends in **ever breastfed** among infants in PH Delta & Menominee WIC, 1998-2003 PedNSS

Between 1998-2000 and 2000-2002 the prevalence of infants ever breastfed decreased in PH Delta & Menominee, but after 2000-2002 it increased.

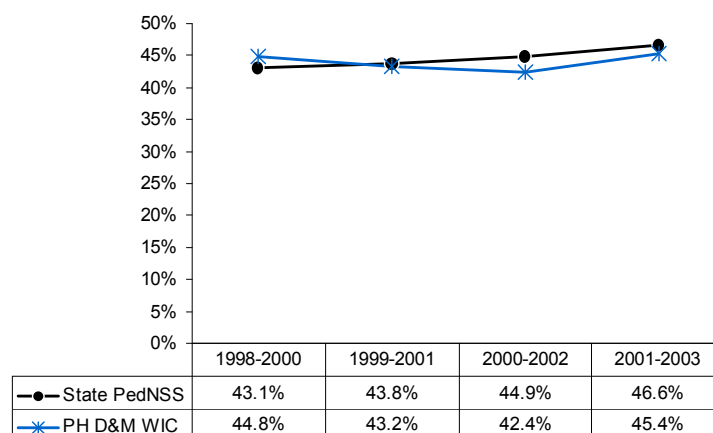
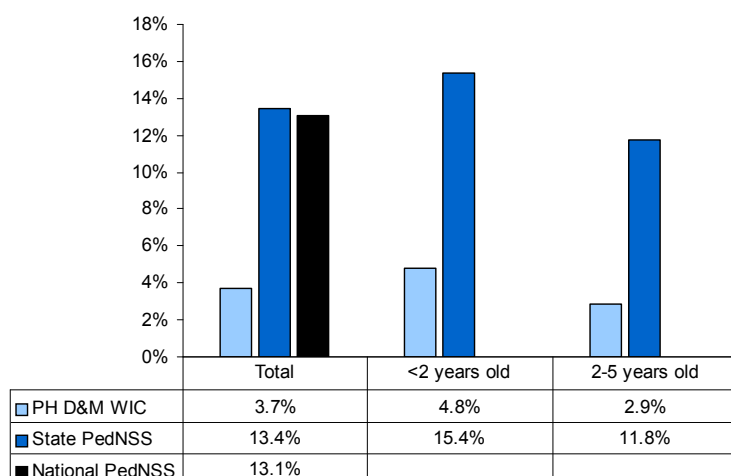


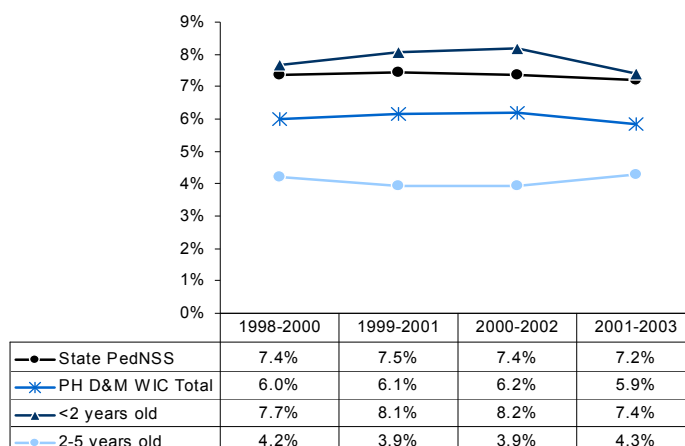
Figure 4. Average prevalence of **iron deficiency anemia\*** by age among infants and children under five years old, 2001-2003 PedNSS



Even when stratified by age group, the prevalence of iron deficiency anemia was less than 5% among WIC infants and children under five years old of PH Delta & Menominee.

\*For infants under the age of one year, iron deficiency anemia is defined as having either a hemoglobin concentration of 11.0 g/dL or a hematocrit level of less than 33%. For children two to five years old, iron deficiency anemia is defined as having either a hemoglobin concentration less than 11.1 g/dL or a hematocrit level below 33.3%.

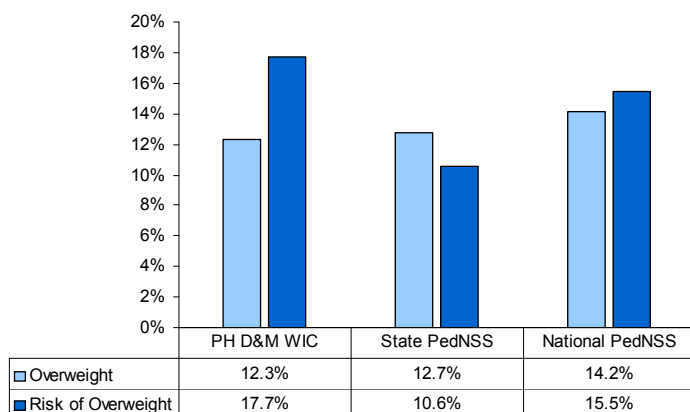
Figure 5. Trend in **short stature\*** by age group among infants and children under five years old, 1998-2003 MI PedNSS



\*Short stature is defined as having a height-for-age below the 5th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

The trend of short stature at both the local and state level declined, on average, by 0.8% per year.

Figure 6. State and local average prevalences of **overweight\*** and **risk of overweight\*\*** among children two to five years old, 2001-2003 PedNSS



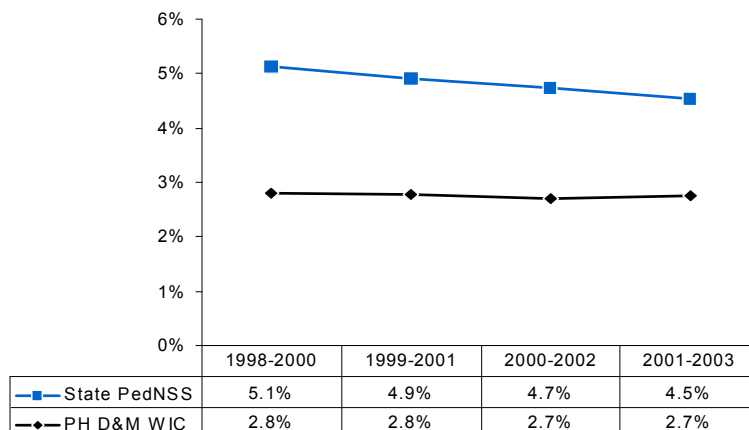
Children age two to five years old in PH Delta & Menominee have a prevalence of higher than that of their state and national peers: 17.7% versus 10.6% and 15.5%.

\*Overweight is defined as having a weight-for-height greater than the 95th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

\*\*Risk of overweight is defined as having a weight-for-height between the 85th and the 95th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

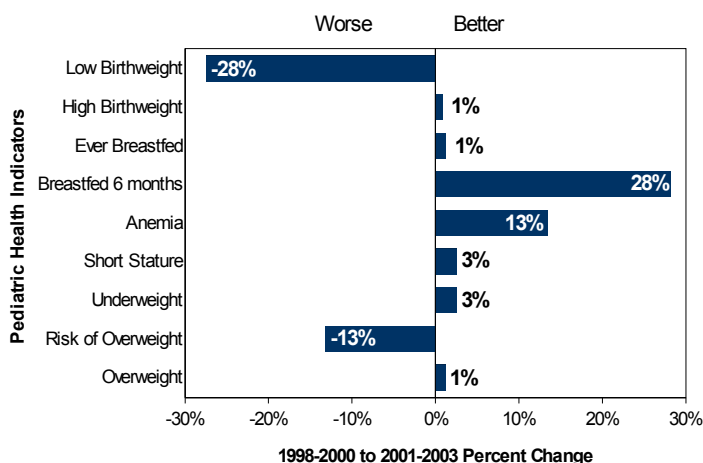
The prevalence of underweight among PH Delta & Menominee WIC infants and children was relatively constant between 1998 and 2003.

Figure 7. State and local average prevalences of **underweight\*** among children two to five years old, 2001-2003 PedNSS



\*Underweight is defined as having a weight-for-height less than the 5th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

Figure 8. Pediatric **health progress review** for PH Delta & Menominee WIC infants and children under five years old, 1998-2000 and 2001-2003 MI PedNSS



Participants of PH Delta & Menominee improved in seven of nine health/nutritional indicators.



Jennifer M. Granholm, Governor

Janet Olszewski, Director

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## Michigan Department of Community Health

### WIC Program

#### Mission Statement

The mission of the Michigan WIC program is to improve the health outcomes and quality of life for eligible women, infants, and children by providing nutritious food, nutrition education, breastfeeding promotion, and support and referrals to health and other services. To this end:

- Delivery of services and supports are to be provided in a caring, respectful, efficient, and cost effective manner.
- Delivery of services shall be provided in a culturally competent and confidential manner.
- The WIC Program shall assure the broadest possible access to services, supports, and food.